

Clinical Image

Diffuse Lung and Cardiac Involvement in Alveolar Echinococcus

Elif Gozgec^a, Yener Aydin^{b,*}

^a Department of Radiology, Ataturk University, Medical Faculty, Erzurum, Turkey

^b Department of Thoracic Surgery, Ataturk University, Medical Faculty, Erzurum, Turkey

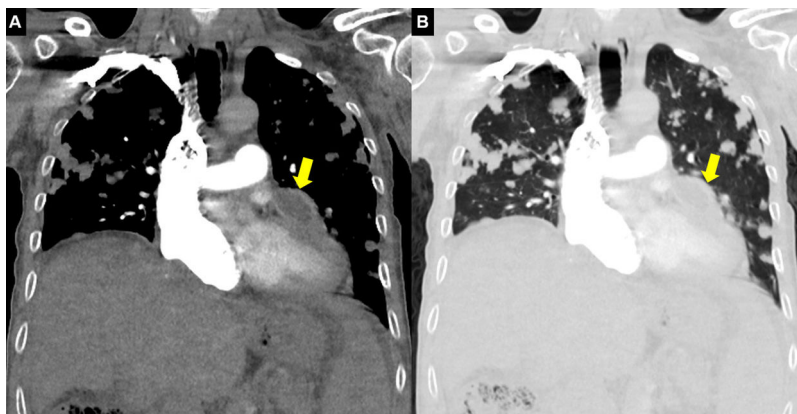


Fig. 1. Contrast-enhanced thorax CT coronal sections (A, B) show a central hypodense, relatively thick-walled lesion (arrow) adjacent to the left ventricle and diffuse metastatic nodules in bilateral lungs.

A 65-year-old man with a histopathologic diagnosis of hepatic alveolar echinococcus ten years ago presented with progressive dyspnea. The patient's electrocardiogram showed atrial fibrillation. Radiologic evaluation revealed extensive metastases in bilateral lungs and cardiac involvement secondary to echinococcus alveolaris (Fig. 1). The patient was followed for pulmonary metastases for about 10 years. Slow progression of pulmonary metastases was observed over time. However, cardiac involvement recently appeared. The patient was given albendazole 10 mg/kg/day for three months every year and was followed up.

The lungs are involved in 7–20% of hepatic alveolar echinococcus cases and cardiac involvement is 0.5–2% with only a few cases reported in the literature.^{1–3} The prevalence of alveolar echinococcus has recently increased significantly.¹ The incubation period ranges from five to fifteen years and diagnosis is difficult due to the long asymptomatic phase. In hepatic alveolar echinococcus and its metastases, surgical treatment should be considered first if surgical excision is possible. In cases where surgery is not appropriate, the progression of the disease can be slowed with albendazole treatment.

Financial Support

The authors received no financial support for the research and/or authorship of this article.

Conflict of Interest

The authors declare that they have no conflict of interest in the publication of this article.

References

1. Aydin Y, Ogul H, Topdagi O, Ulas AB, Sade R, Ozturk G, et al. Relevance of pulmonary alveolar echinococcosis. Arch Bronconeumol (Engl Ed). 2020;56:779–83.
2. Dezsényi B, Dubóczy Z, Strausz T, Csulak E, Czoma V, Káposztás Z, et al. Emerging human alveolar echinococcosis in Hungary (2003–2018): a retrospective case series analysis from a multi-centre study. BMC Infect Dis. 2021;21:168.
3. Çelik D, Ödemiş I, Korkmaz M, Köse S. A rare case of cardiac alveolar echinococcosis without any complications for eight years. Rev Esp Quimioter. 2022;35:91–4.

* Corresponding author.
E-mail address: dryeneraydin@hotmail.com (Y. Aydin).